

Are you 9-14 years old and interested in playing Fall Flag Football? Sign up at Driving Park to be a part of the Fall season. The age groups are: 9-11 & 12-14. These are all co-ed teams. Practices will be on Wednesdays & Fridays 5:30pm-7pm and games are every Saturday for six (6) weeks starting September 20st and ending with a Tournament on October 25th. All Games will be at Driving Park. Feel Free to call us for questions.

CONCUSSION ACKNOWLEDGEMENT

By signing as parent/ guardian/ caregiver, I acknowledge of having read the “Ohio Dept. of Health concussion information sheet found here; (www.healthy.Ohio.gov/concussion) and understand the risk of participants and my responsibility to report any symptoms to coach and their physician.

Signature \_\_\_\_\_

2016

DRIVING PARK FALL FLAG-FOOTBALL

1100 Rhoads Avenue

Columbus, OH 43206

(614) 645-3228

www.Columbusrecandparks.gov





Registration Week:  
August 29 Through September 2nd  
Season Starts:  
Week of September 17th

Practice will be Wednesday-Fridays 6pm-7pm  
Games will be on Saturdays From 1pm-5pm

\* Register in person at Driving Park during normal business hours.  
This program will cost \$10



COLUMBUS RECREATION AND PARKS  
PARENTAL PERMISSION FORM



I, \_\_\_\_\_, my son / daughter, \_\_\_\_\_  
(Print Parent or Guardian’s Name) (Print Child’s Name)

to participate with \_\_\_\_\_, and the children from \_\_\_\_\_  
Recreation Leader Recreation Center / Playground

in \_\_\_\_\_ to be held at \_\_\_\_\_  
(Activity) (Place)

on \_\_\_\_\_ from \_\_\_\_\_ (A.M. / P.M.) to \_\_\_\_\_ (A.M. / P.M.).

TO BE SIGNED BY PARENT / GUARDIAN

I agree not to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program / activity.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Emergency Contact Number)

COLUMBUS RECREATION AND PARKS DEPARTMENT  
FLAG FOOTBALL REGISTRATION INFORMATION FORM  
Driving Park Recreation



Date: \_\_\_\_\_ Male/Female

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age : \_\_\_\_\_ Other Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency. Contact Telephone No.(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Medical Info. (allergies, diabetes, etc): \_\_\_\_\_

I agree not to hold the City of Columbus, its leaders, counselors or sponsors liable for damage to property of participant (s) or, injury to participant (s) sustained by participation that results from the operation of this program /activity.

(Parent or Guardian) Signature \_\_\_\_\_

AGE DIVISIONS: (9-11) (12-14) SHIRT SIZES: YS YM YL AS AM AL AXL AXXL